

PROVINCE OF \_\_\_\_\_  
CITY OF \_\_\_\_\_IN THE MATTER OF AN APPLICATION TO  
CARLETON UNIVERSITY FOR A NEW DIPLOMA1. I, \_\_\_\_\_, of \_\_\_\_\_  
(Name) (City/Municipality)in the \_\_\_\_\_, do solemnly declare that:  
(Province and/or Country)

I graduated from Carleton University with the degree of:

\_\_\_\_\_, in the year of \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_2. The diploma was: Lost   
Destroyed   
Not Received Due to the following circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

I HEARBY UNDERTAKE as a condition of the re-issue of a diploma that if the original should be found at any time and restored to my possession, I will forthwith return the replacement to the Registrar's Office for cancellation.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
Signature of Declarant

Declared before me in the city of \_\_\_\_\_

\_\_\_\_\_  
Address of Declarant

in the \_\_\_\_\_ of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
Signature of NOTARY PUBLIC or Commissioner of Oaths  
\_\_\_\_\_  
\_\_\_\_\_Telephone Number of Declarant:  
\_\_\_\_\_  
\_\_\_\_\_

Please Affix Seal Here with Signature

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact Erika Strathearn, FIPPA representative for the Registrar's Office (300 Tory Building, 613-520-3500). Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.